Entity: LICENSING BOARD (ROCKVILLE, MD) User: boardadmin	Sign Out
REPORT INPUT FORM	the DataBank
	Demot

DEFERRED CONVICTION or PRE-TRIAL DIVERSION: Initial Report

Hide Public Burden Statement

OMB # 0915-0126 expiration date 05/31/16

<u>Public Burden Statement</u>: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0126. Public reporting burden for this collection of information is estimated to average 45 minutes to complete the forms, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

1. Subject Information	2. Action Information	3. Certification			
	inform decisions about pract		or other registered organizations to ration for actions such as		
We have pre-populated pre-populated informat		on from the most re	cent report. Please review all		
	n				
Practitioner Name					
Last Name MANN	First Name Midd	lle Name Suffix (Jr, III)		
Add another name	e used				
Gender					
⊙ Male ● Femal	e 🔍 Unknown				
Birth Date					
01 / 01 / 1982					
Is Subject Decease	d?				
● No ○ Unkno	wn OYes				

LICENSING BOARD (ROCK)	/ILLE, MD) User: boardadmin	Sign Out
ORT INPUT FORM		the DataBank
-Home Address/Addre	ess of Record	
Street Address:	5600 Fishers Ln	
Address Line 2:		
City:	Rockville	
State:	MD Maryland	
ZIP Code:	20852 -1750 🖌	
Country: (if U.S., leave blan	k)	
Work Information)
Check here if the pra	actitioner's work information is the same as your organ	ization.
Organization		
Name:		
Туре:	CHOOSE ONE FROM LIST	T
Click Help ? for	information on filling out non-U.S. and military address	ses.
Street Address:	123 Cedar Lane	
Address Line 2:		
City:	Rockville	
State:	MD Maryland	
ZIP Code:	20857 -0001 🕢	
Country: (if U.S., leave blan		
- Social Security Num	bers (SSN)	
*****1111 Add another SSN	Edit	

	the DataBar
Individual Taxpayer Identification Numbers (ITIN)	
Add another ITIN	
Federal Employer Identification Numbers (FEIN)	
Add another FEIN	
National Provider Identifiers (NPI)	
Add another NPI	
Drug Enforcement Administration (DEA) Numbers	
AM111111111 Add another DEA Number	
Unique Physician Identification Numbers (UPIN)	
Add another UPIN	
Occupation And State Licensure Information	
Add information for at least one state license.	
License 1	
Occupation/Field of Licensure Podiatrist	Other Name for Occupation (Optional)
State License Number MD Maryland SL56 	Unlicensed / No license number for this occupation

PORT INPUT FORM	theDataBar	ık
	NATIONAL PRACTITIONE	R
Occupation And State Licensure Information		
Add information for at least one state license.		
License 1		
	Other Name for Occupation	
Occupation/Field of Licensure Podiatrist	(Optional)	
State License Number	[
		G
		×
Select an Occupation or Field of Licensure		
Enter a keyword or phrase to find matching occupations.	(Example: "counselor")	
Search		
		*
Recently Used		
Podiatrist	×	
Physician		
Physician (MD)		
Physician Resident (MD)		
Osteopathic Physician (DO)		
Osteopathic Physician Resident (DO)		
Nurse - Advanced, Registered, Vocational or Pract	ical	
Registered Nurse		
Nurse Anesthetist		
Nurse Midwife		
Nurse Practitioner		
Licensed Practical or Vocational Nurse		
Clinical Nurse Specialist		
	1	
Other Nurse Occupation - Not Classified, Specify		+
Nurse Aide, Home Health Aide And Other Aide		
Nurse Aide, Home Health Aide And Other Aide		
Nurse Aide, Home Health Aide And Other Aide		

REPORT INPUT FORM

Inclusion of an a	iffiliated/associated health care entity in this report does not imply complicity in the
reported action.	Click Help ? for information on filling out non-U.S. and military addresses.
Name of	
Affiliated/Associa	
Health Care Enti	ity:
aaress	
Street Address:	
Address Line 2:	
City:	
State:	CHOOSE ONE FROM LIST
ZIP Code:	
Country:	
(if U.S., leave bla	ank)
How is the subie	ect of this report related to the affiliated entity?
,	
The subject is a	CHOOSE ONE FROM LIST V
Add another Affi	<u>iliate</u>
	wish to add/update this subject in your subject database for use
	/or reports. Duplicate entries in your subject database may result
uplicate queries. N Ipleting this subject	You will be notified of potential duplicate entries prior to ct entry
ipicang and subjet	or only.

Sign Out

the Data Bank

NATIONAL PRACTITIONER

Entity: LICENSING BOARD (ROCKVILLE, MD) User: boardadmin	Sign Out
REPORT INPUT FORM	the DataBank

DEFERRED CONVICTION or PRE-TRIAL DIVERSION: Initial Report

Show Public Burden Statement

1. Subject Information	2. Action Information	3. Certification			
Jurisdiction Informat	ion				
Jurisdiction: ● Federal ● State/Local					
Venue: (Court Name)	Court				
City:	Rockville				
State:	MD Maryland	V			
Docket/Court File Number:	ABC123				
Prosecuting Agence or Civil Plaintiff:	y Wanda Civil				
Prosecuting Agence or Plaintiff Case Number:	y DEF123				
Investigating Agend	ies				
Name	Case Numbe	er			
Add another Invest	igating Agency				
Statutory Offenses					
Statute Title and S (e.g., 18 USC. 287 18 USC 287			Count (e.g., 2) 2		
Add another Statut	ory Offense				



REPORT INPUT FORM

-Act or Omission Codes-

Act or Omission Code: Billing For Services Not Rendered/supplies Not Provided Add another Act or Omission Code

Narrative Description of Act(s) or Omission(s) **Note**: Do not reference any personal identification information (e.g., names) of anyone other than the subject of this report.

Sign Out

the Data Bank

NATIONAL PRACTITIONER

Doctor did not provide services to patients.

There are 3956 characters remaining for the description.

Spell Check

	NATIONAL PRACTIT	IONER
A	ct or Omission Codes	
	Act or Omission Code: Billing For Services Not Rendered/supplies Not Provided Add another Act or Omission Code	
	Narrative Description of Act(s) or Omission(s)	
Entei Sear	r a keyword or phrase to find matching act or omission codes. (Example: "failure") ch	
	Billing/Cost Reporting	<u></u>
	Billing For Medically Unnecessary Services	- 1
	Billing For Services Not Rendered/supplies Not Provided	- 1
	Duplicate Billing	- 1
	Failure To Pay Non-assigned Claim	- 1
	Fraudulent Billing/cost Reporting	- 1
	Fraudulent Cost Reporting	
	Medicare/medicaid Secondary Payer Fraud	
	Misrepresentation Of Services/supplies Provided	
	Overcharging	
	Submitting Claims After Sanctions	
	Unbundling Of Services	
	Upcoding Of Services	
	Patient Care/Property	
	Failure To Provide Medically Necessary Care	
	Patient Abuse	-
Donit	t see what you're looking for?	

	the DataBan NATIONAL PRACTITION
entence/Judgment Informa	ation
Date of Sentence or Judgr	nent: 01 / 04 / 2014
Is the Action on Appeal?	
Yes	
O No	
O Unknown	
Date of Appeal:	06 / 01 / 2014
Restitution Amount: (Format NNNNN.NN)	\$6,000.00
Other Sentence/Judgment Amount Ordered:	
(Format NNNNN.NN)	\$500.00
Suspended Sentence:	Years Months Days
Probation:	Years 2 Months Days
Community Service:	Hours
Other Court Orders: (Describe)	
	nent Information
(Describe) More Sentence/Judgn ntity Internal Report Refere This optional field allows yo	ence our entity to include an internal file number or other reference informatio t in your files. This information is not used by the Data Bank, but it will be
(Describe) <u>More Sentence/Judgn</u> ntity Internal Report Reference This optional field allows you help you identify this report provided on copies of the ri- Entity Internal Report Reference:	ence our entity to include an internal file number or other reference informatio t in your files. This information is not used by the Data Bank, but it will be

Entity: LICENSING BOARD (ROCKVILLE, MD) User: boardadmin Sign O
REPORT INPUT FORM
DEFERRED CONVICTION or PRE-TRIAL DIVERSION: Initial Report
Show Public Burden Statement
1. Subject Information 2. Action Information 3. Certification
Certification I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.
Authorized Submitter's Name: JANET DOE
Authorized Submitter's Title: BOARD OFFICIAL
Authorized Submitter's Phone: 555555555555555555555555555555555555
Date: 12/04/2014
Submit to Data Bank → Store as a Draft →



P.O. Box 10832 Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov

DCN: 595000090960771 Process Date: 12/04/2014 Page: 1 of 3 MANN, ANITTA For authorized use by: LICENSING BOARD

MANN, ANITTA

LICENSING BOARD JUDGMENT OR CONVICTION REPORT Date of Action: 01/04/2014 **Initial Action Basis for Initial Action** - DEFERRED CONVICTION OR PRE-TRIAL DIVERSION - BILLING FOR SERVICES NOT RENDERED/SUPPLIES NOT PROVIDED A. REPORTING Entity Name: LICENSING BOARD ENTITY Address: 123 CEDAR LANE City, State, Zip: ROCKVILLE, MD 20857-0001 Country: Name or Office: JANET DOE Title or Department: BOARD OFFICIAL Telephone: (555) 555-5555 Entity Internal Report Reference: Type of Report: INITIAL **B. SUBJECT** Subject Name: MANN, ANITTA **IDENTIFICATION** Other Name(s) Used: **INFORMATION** Gender: FEMALE (INDIVIDUAL) Date of Birth: 01/01/1982 Organization Name: GENERAL HOSPITAL Work Address: 123 CEDAR LANE City, State, ZIP: ROCKVILLE, MD 20857-0001 Organization Type: GENERAL/ACUTE CARE HOSPITAL (301) Home Address: 5600 FISHERS LN City, State, ZIP: ROCKVILLE, MD 20852-1750 Deceased: NO Federal Employer Identification Numbers (FEIN): Social Security Numbers (SSN): ***-**-1111 Individual Taxpayer Identification Numbers (ITIN): National Provider Identifiers (NPI): Occupation/Field of Licensure (Code): PODIATRIST State License Number, State of Licensure: SL56, MD Drug Enforcement Administration (DEA) Numbers: AM11111111 Unique Physician Identification Numbers (UPIN): Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.): Business Address of Affiliate: City, State, ZIP: Nature of Relationship(s): **C. INFORMATION** Venue (Court): COURT REPORTED Jurisdiction: FEDERAL COURT City, State of Court: ROCKVILLE, MD Docket/Court File Number: ABC123 Prosecuting Agency or Civil Plaintiff: WANDA CIVIL

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

the DataBank			DCN: 5950000090960771 Process Date: 12/04/2014 Page: 2 of 3		
P.O. Box 10832 Chantilly, VA 20153-0832			MANN, ANITTA For authorized use by:		
http://www.npdb.hrsa.gov			LICENSING BOARD		
Investigating Agency(Agencies): Case Number(s) Used by Investigating Agency(Agencies): Statutory Offense(s) and Count(s): Act or Omission Code(s):		DEF123 DEFERRED CONVICTION OR PRE-TRIAL DIVERSION (20) 18 USC 287, FALSE CLAIM (2) BILLING FOR SERVICES NOT RENDERED/SUPPLIES NOT PROVIDED (205) DOCTOR DID NOT PROVIDE SERVICES TO PATIENTS.			
	Date of Judgment/Sentence:	01/04/2014			
	Judgment				
	Restitution Amount: Other Sentence/Judgment Amount: Incarceration: Suspended Sentence: Home Detention: Probation: Community Service: Other:	\$ 500.00 Years: Years: Years: Years: 1	Months: Months: Months: Months:	Days: Days: Days: Days:	
[X Subject identified in Section B ha	as appealed the reported	adverse action.		
	Date of Appeal: 06/01/2014				
D. SUBJECT STATEMENT	If the subject identified in Section B o	f this report has submitte	d a statement, it appears in thi	s section.	
E. REPORT STATUS	Unless a box below is checked, the s	ubject of this report ident	ified in Section B has not conte	ested this report.	
	This report has been disputed b	ntified in Section B, this r	eport is being reviewed by the		
	U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.				
	At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.				
	At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:				
	Date of Original Submission:	12/04/2014			
	Date of Most Recent Change:	12/04/2014			

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



P.O. Box 10832 Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov

DCN: 595000090960771 Process Date: 12/04/2014 Page: 3 of 3 MANN, ANITTA For authorized use by: LICENSING BOARD

END OF REPORT

EFERRED CONVICTION de Public Burden Statement /B # 0915-0126 expiration da			the DataBank
	or PRE-TRIAL DIVER	SION: Initial Repo	ort
	10 05/21/16		
lection of information unless i oject is 0915-0126. Public rep nplete the forms, including th viewing the collection of inforn	t displays a currently valid of orting burden for this collect the time for reviewing instruct nation. Send comments reg ng suggestions for reducing	DMB control number. tion of information is e tions, searching existir arding this burden est	is not required to respond to, a The OMB control number for this estimated to average 45 minutes to ng data sources, and completing and timate or any other aspect of this Reports Clearance Officer, 5600
1. Subject Information	2. Action Information	3. Certification	
SUBJECT INFORMATIO	ON Help ?		
		on from the most re	cent report. Please review all
pre-populated information	on for accuracy.		
Organization Informa	tion		
Organization Name			
Organization Name			
FOOTCAREINC.			
Add another name	used		
Add another name	used		
Add another name	used		
	used for information on filling out	non-U.S. and military	addresses.
		non-U.S. and military	addresses.
Click Help ? Address	for information on filling out	non-U.S. and military	addresses.
Click Help ? Address Street Address:		non-U.S. and military	addresses.
Click Help ? Address Street Address: Address Line 2:	for information on filling out 5600 FISHERS LN	non-U.S. and military	addresses.
Click Help ? Address Street Address: Address Line 2: City:	for information on filling out 5600 FISHERS LN ROCKVILLE		addresses.
Click Help ? Address Street Address: Address Line 2: City: State:	for information on filling out 5600 FISHERS LN ROCKVILLE		addresses.
Click Help ? Address Street Address: Address Line 2: City: State: ZIP Code:	for information on filling out 5600 FISHERS LN ROCKVILLE		addresses.
Click Help ? Address Street Address: Address Line 2: City: State: ZIP Code: Country:	for information on filling out 5600 FISHERS LN ROCKVILLE MD Maryland 20852 -1750		addresses.
Click Help ? Address Street Address: Address Line 2: City: State: ZIP Code:	for information on filling out 5600 FISHERS LN ROCKVILLE MD Maryland 20852 -1750		addresses.

PORT INPUT FORM	the Data Bank
	NATIONAL PRACTITIONER
← Federal Employer Identification Numbers (FEIN)	
11111111	
Add another FEIN	
Social Security Numbers (SSN)	
Add another SSN	
Individual Taxpayer Identification Numbers (ITIN)	
Add another ITIN	
○Drug Enforcement Administration (DEA) Numbers	
Add another DEA Number	
Add another DEA Number National Provider Identifiers (NPI)	
National Provider Identifiers (NPI)	
National Provider Identifiers (NPI)	
National Provider Identifiers (NPI)	
National Provider Identifiers (NPI)	
National Provider Identifiers (NPI) Add another NPI Medicare Provider/Supplier Numbers Add another Medicare Provider/Supplier Number	
National Provider Identifiers (NPI) Add another NPI Medicare Provider/Supplier Numbers	
National Provider Identifiers (NPI) Add another NPI Medicare Provider/Supplier Numbers Add another Medicare Provider/Supplier Number	
National Provider Identifiers (NPI) Add another NPI Medicare Provider/Supplier Numbers Add another Medicare Provider/Supplier Number Organization State Licensure Information (If no State License, check the 'No License' box.) State License SL89	No License
National Provider Identifiers (NPI) Add another NPI Medicare Provider/Supplier Numbers Add another Medicare Provider/Supplier Number Organization State Licensure Information (If no State License, check the 'No License' box.) State License SL89 Number:	No License
National Provider Identifiers (NPI) Add another NPI Medicare Provider/Supplier Numbers Add another Medicare Provider/Supplier Number Organization State Licensure Information (If no State License, check the 'No License' box.) State License SL89	No License

	officers and Owners			
Last Na MANN	me First Name	Middle Name S	Suffix Title	
Add an	other Principal Officer	or Owner		
Health Car	e Entities With Whic	h the Subject is Affili	iated or Associated-	
Inclusio	n of an affiliated/assoc			ot imply complicity in the
reporte	d action. Click Help	for information of the second seco	on filling out non-U.S. a	and military addresses.
Name o				
Affiliate	d/Associated FOOTCA	REINC2		
Address	Jare Entity.			
Street A	ddress:			
Addres	s Line 2:			
City:				
State:	CHOOSE	ONE FROM LIST	•	
ZIP Co	le:	-		
Country				
(if U.S.,	leave blank)			
How is t	he subject of this repo	ort related to the affiliat	ed entity?	
The sut	ject is a Subsidiary	•		
Add an	other Affiliate			
Check this b	ox if you wish to add/u	pdate this subject in yo		
	ries and/or reports. Du			

Entity: LICENSING BOARD (ROCKVILLE, MD) User: boardadmin	Sign Out
REPORT INPUT FORM	the DataBank

DEFERRED CONVICTION or PRE-TRIAL DIVERSION: Initial Report

	<u>t</u>	
Subject Information	2. Action Information	3. Certification
FORMATION DESCRIBI		
Jurisdiction Information	tion	
Jurisdiction: ● Federal ● State/Local		
Venue: (Court Name)	Court	
City:	Rockville	
State:	MD Maryland	V
Docket/Court File Number:	ABC1234	
Prosecuting Ageno or Civil Plaintiff:	Mary Cares	
Prosecuting Ageno or Plaintiff Case Number:	су	
Investigating Agend	cies	
Name	Case Numb	per
Add another Inves	tigating Agency	
Statutory Offenses		
Statute Title and S		
(e.g., 18 USC. 287) (e.g., False False Claim	
18 USC. 287		3
Add another Statu	tory Offense	

REPORT INPUT FORM

Act or Omission Codes

Act or Omission Code: Billing For Medically Unnecessary Services Add another Act or Omission Code

Narrative Description of Act(s) or Omission(s) **Note**: Do not reference any personal identification information (e.g., names) of anyone other than the subject of this report.

Sign Out

the Data Bank

NATIONAL PRACTITIONER

Doctor billed for medically unnecesarry services.

There are 3951 characters remaining for the description.



Act or Omission Codes Act or Omission Code: Add another Act or Omission Code Enter a keyword or phrase to find matching act or omission codes. (Example: "failure") Search Billing/Cost Reporting Billing For Medically Unnecessary Services Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Medicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Patient Care/Property Failure To Provide Medically Necessary Care	S de:	ty: LICENSING BOARD (ROCKVILLE, MD) User: boardadmin	Sign
Act or Omission Code: Add another Act or Omission Code Select an Act or Omission Code Enter a keyword or phrase to find matching act or omission codes. (Example: "failure") Search Billing/Cost Reporting Billing For Medically Unnecessary Services Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Redicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	de: Omission Code to find matching act or omission codes. (Example: "failure") g lly Unnecessary Services es Not Rendered/supplies Not Provided on-assigned Claim /cost Reporting deporting d Secondary Payer Fraud of Services/supplies Provided a After Sanctions rvices ices ty e Medically Necessary Care	PORT INPUT FORM	the DataBank
Act or Omission Code: Add another Act or Omission Code Select an Act or Omission Code Enter a keyword or phrase to find matching act or omission codes. (Example: "failure") Search Billing/Cost Reporting Billing For Medically Unnecessary Services Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Redicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	de: Omission Code to find matching act or omission codes. (Example: "failure") g lly Unnecessary Services es Not Rendered/supplies Not Provided on-assigned Claim //cost Reporting deporting d Secondary Payer Fraud of Services/supplies Provided a After Sanctions rvices ices ty e Medically Necessary Care		
Act or Omission Code: Add another Act or Omission Code Select an Act or Omission Code Enter a keyword or phrase to find matching act or omission codes. (Example: "failure") Search Billing/Cost Reporting Billing For Medically Unnecessary Services Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Redicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	de: Omission Code to find matching act or omission codes. (Example: "failure") g lly Unnecessary Services es Not Rendered/supplies Not Provided on-assigned Claim //cost Reporting deporting d Secondary Payer Fraud of Services/supplies Provided a After Sanctions rvices ices ty e Medically Necessary Care	Act or Omission Codes	
Add another Act or Omission Code Select an Act or Omission Code Enter a keyword or phrase to find matching act or omission codes. (Example: "failure") Search Billing/Cost Reporting Billing For Medically Unnecessary Services Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Fraudulent Cost Reporting Medicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	Omission Code to find matching act or omission codes. (Example: "failure") Ig Ig Ily Unnecessary Services es Not Rendered/supplies Not Provided on-assigned Claim /cost Reporting Reporting d Secondary Payer Fraud of Services/supplies Provided e After Sanctions rvices ices ty e Medically Necessary Care		
Select an Act or Omission Code Enter a keyword or phrase to find matching act or omission codes. (Example: "failure") Search Billing/Cost Reporting Billing For Medically Unnecessary Services Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Fraudulent Cost Reporting Fraudulent Cost Reporting Medicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	In Code to find matching act or omission codes. (Example: "failure") In Code In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching act or omission codes. (Example: "failure") In the final matching a		
Enter a keyword or phrase to find matching act or omission codes. (Example: "failure") Search Billing/Cost Reporting Billing For Medically Unnecessary Services Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Fraudulent Cost Reporting Medicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	to find matching act or omission codes. (Example: "failure") Ig Ily Unnecessary Services es Not Rendered/supplies Not Provided on-assigned Claim //cost Reporting Reporting d Secondary Payer Fraud Of Services/supplies Provided a After Sanctions rvices ices ty e Medically Necessary Care		
Enter a keyword or phrase to find matching act or omission codes. (Example: "failure") Search Billing/Cost Reporting Billing For Medically Unnecessary Services Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Fraudulent Cost Reporting Medicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	to find matching act or omission codes. (Example: "failure")		×
Enter a keyword or phrase to find matching act or omission codes. (Example: "failure") Search Billing/Cost Reporting Billing For Medically Unnecessary Services Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Fraudulent Cost Reporting Medicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	to find matching act or omission codes. (Example: "failure")		
Search Billing/Cost Reporting Billing For Medically Unnecessary Services Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Fraudulent Cost Reporting Medicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	Ig Ily Unnecessary Services es Not Rendered/supplies Not Provided on-assigned Claim /cost Reporting Reporting d Secondary Payer Fraud of Services/supplies Provided a After Sanctions rvices ices ty e Medically Necessary Care	Select an Act or Omission Code	
Search Billing/Cost Reporting Billing For Medically Unnecessary Services Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Fraudulent Cost Reporting Medicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	Ig Ily Unnecessary Services es Not Rendered/supplies Not Provided on-assigned Claim /cost Reporting Reporting d Secondary Payer Fraud of Services/supplies Provided a After Sanctions rvices ices ty e Medically Necessary Care		ple: "failure")
Billing/Cost Reporting Billing For Medically Unnecessary Services Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Fraudulent Cost Reporting Medicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	Ily Unnecessary Services es Not Rendered/supplies Not Provided on-assigned Claim /cost Reporting Reporting d Secondary Payer Fraud of Services/supplies Provided s After Sanctions rvices ices ty e Medically Necessary Care		
Billing For Medically Unnecessary ServicesBilling For Services Not Rendered/supplies Not ProvidedDuplicate BillingFailure To Pay Non-assigned ClaimFraudulent Billing/cost ReportingFraudulent Cost ReportingMedicare/medicaid Secondary Payer FraudMisrepresentation Of Services/supplies ProvidedOverchargingSubmitting Claims After SanctionsUnbundling Of ServicesUpcoding Of ServicesPatient Care/PropertyFailure To Provide Medically Necessary Care	Ily Unnecessary Services es Not Rendered/supplies Not Provided on-assigned Claim /cost Reporting Reporting d Secondary Payer Fraud of Services/supplies Provided s After Sanctions rvices ices ty e Medically Necessary Care	Search	
Billing For Medically Unnecessary ServicesBilling For Services Not Rendered/supplies Not ProvidedDuplicate BillingFailure To Pay Non-assigned ClaimFraudulent Billing/cost ReportingFraudulent Cost ReportingMedicare/medicaid Secondary Payer FraudMisrepresentation Of Services/supplies ProvidedOverchargingSubmitting Claims After SanctionsUnbundling Of ServicesUpcoding Of ServicesPatient Care/PropertyFailure To Provide Medically Necessary Care	Ily Unnecessary Services es Not Rendered/supplies Not Provided on-assigned Claim /cost Reporting Reporting d Secondary Payer Fraud of Services/supplies Provided s After Sanctions rvices ices ty e Medically Necessary Care	Billing/Cost Reporting	<u> </u>
Billing For Services Not Rendered/supplies Not Provided Duplicate Billing Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Fraudulent Cost Reporting Medicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	es Not Rendered/supplies Not Provided on-assigned Claim /cost Reporting Reporting d Secondary Payer Fraud of Services/supplies Provided s After Sanctions rvices ices ty e Medically Necessary Care		
Duplicate BillingFailure To Pay Non-assigned ClaimFraudulent Billing/cost ReportingFraudulent Cost ReportingMedicare/medicaid Secondary Payer FraudMisrepresentation Of Services/supplies ProvidedOverchargingSubmitting Claims After SanctionsUnbundling Of ServicesUpcoding Of ServicesPatient Care/PropertyFailure To Provide Medically Necessary Care	on-assigned Claim /cost Reporting Reporting d Secondary Payer Fraud of Services/supplies Provided After Sanctions rvices ices ty e Medically Necessary Care		
Failure To Pay Non-assigned Claim Fraudulent Billing/cost Reporting Fraudulent Cost Reporting Medicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	/cost Reporting Reporting d Secondary Payer Fraud of Services/supplies Provided s After Sanctions rvices ices ty e Medically Necessary Care		
Fraudulent Billing/cost ReportingFraudulent Cost ReportingMedicare/medicaid Secondary Payer FraudMisrepresentation Of Services/supplies ProvidedOverchargingSubmitting Claims After SanctionsUnbundling Of ServicesUpcoding Of ServicesPatient Care/PropertyFailure To Provide Medically Necessary Care	/cost Reporting Reporting d Secondary Payer Fraud of Services/supplies Provided s After Sanctions rvices ices ty e Medically Necessary Care		
Fraudulent Cost Reporting Medicare/medicaid Secondary Payer Fraud Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	Reporting d Secondary Payer Fraud Of Services/supplies Provided After Sanctions rvices ices ty e Medically Necessary Care		
Misrepresentation Of Services/supplies Provided Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	Of Services/supplies Provided After Sanctions rvices ices ty e Medically Necessary Care	Fraudulent Cost Reporting	
Overcharging Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	After Sanctions rvices ices ty e Medically Necessary Care	Medicare/medicaid Secondary Payer Fraud	
Submitting Claims After Sanctions Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	rvices ices ty e Medically Necessary Care	Misrepresentation Of Services/supplies Provided	
Unbundling Of Services Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	rvices ices ty e Medically Necessary Care	Overcharging	
Upcoding Of Services Patient Care/Property Failure To Provide Medically Necessary Care	ices ty e Medically Necessary Care	Submitting Claims After Sanctions	
Patient Care/Property Failure To Provide Medically Necessary Care	ty e Medically Necessary Care	Unbundling Of Services	
Failure To Provide Medically Necessary Care	e Medically Necessary Care	Upcoding Of Services	
	· · · · · · · · · · · · · · · · · · ·	Patient Care/Property	
	· · · · · · · · · · · · · · · · · · ·	Failure To Provide Medically Necessary Care	
	ng for?	Patient Abuse	
Don't see what you're looking for?		Don't see what you're looking for?	
bon coo maryou to toomig tor:		Den voe max joure looking for:	

T INPUT FORM	the DataBar NATIONAL PRACTITION
entence/Judgment Informa	tion
Date of Sentence or Judgn	nent: 01 / 04 / 2014
Is the Action on Appeal?	
Yes	
No	
O Unknown	
Date of Appeal:	06 / 01 / 2014
Restitution Amount: (Format NNNNN.NN)	\$6,000.00
Other Sentence/Judgment Amount Ordered: (Format NNNNN.NN)	\$500.00
Suspended Sentence:	Years Months Days
Probation:	Years 2 Months Days
Community Service:	Hours
Other Court Orders:	
(Describe)	
	ent Information
(Describe) More Sentence/Judgm ntity Internal Report Refere This optional field allows yo	ence our entity to include an internal file number or other reference information in your files. This information is not used by the Data Bank, but it will be
(Describe) <u>More Sentence/Judgm</u> ntity Internal Report Refere This optional field allows you help you identify this report provided on copies of the re- Entity Internal Report Reference:	ence bur entity to include an internal file number or other reference information in your files. This information is not used by the Data Bank, but it will be

Entity: LICENSING BOARD (ROCKVILLE, MD) User: boardadmin REPORT INPUT FORM	the DataBank
DEFERRED CONVICTION or PRE-TRIAL DIVERSION: Initial Research	eport
1. Subject Information 2. Action Information 3. Certification	۱
Certification	

		JANET DOE		
Authorized Su	bmitter's Title:	BOARD OFFICIAL		
Authorized Su	bmitter's Phone:	555555555	Ext.	
Date:		12/04/2014		

the DataBank

P.O. Box 10832 Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov

DCN: 595000090960772 Process Date: 12/04/2014 Page: 1 of 2 FOOTCAREINC. For authorized use by: LICENSING BOARD

FOOTCAREINC.

LICENSING BOARD

JUDGMENT OR CONVICTION REPORT

Initial Action

Date of Action: 01/04/2014 **Basis for Initial Action**

- DEFERRED CONVICTION OR PRE-TRIAL DIVERSION - BILLING FOR MEDICALLY UNNECESSARY SERVICES

A. REPORTING	Entity Name:	LICENSING BOARD
ENTITY		123 CEDAR LANE
	City, State, Zip:	ROCKVILLE, MD 20857-0001
	Country:	
	Name or Office:	JANET DOE
	Title or Department:	BOARD OFFICIAL
	•	(555) 555-5555
	Entity Internal Report Reference:	
	Type of Report:	INITIAL
B. SUBJECT	Organization Name:	FOOTCAREINC.
IDENTIFICATION	Other Organization Name(s) Used:	
INFORMATION	Business Address:	5600 FISHERS LN
(ORGANIZATION)	• • • • •	ROCKVILLE, MD 20852-1750
		CHIROPRACTIC GROUP/PRACTICE (361)
	F Principal Officers and Owners (POO):	
Federal Er	mployer Identification Numbers (FEIN):	11111111
	Social Security Numbers (SSN):	
	Taxpayer Identification Numbers (ITIN):	
	te License Number, State of Licensure:	SL89, MD
Drug Enforc	cement Administration (DEA) Numbers:	
	National Provider Identifiers (NPI):	
	Medicare Provider/Supplier Numbers:	
Name(s) of Health Care	Entity (Entities) With Which Subject Is (Inclusion Does Not Imply Complicity in	
Annialed of Associated (the Reported Action.):	FOOTCAREINC2
	Business Address of Affiliate:	
	City, State, ZIP:	
		SUBJECT IS SUBSIDIARY OF AFFILIATE OR ASSOCIATE (600)
C. INFORMATION	Venue (Court):	COURT
REPORTED	Jurisdiction:	FEDERAL COURT
	City, State of Court:	ROCKVILLE, MD
	Docket/Court File Number:	ABC1234
	Prosecuting Agency or Civil Plaintiff:	MARY CARES
Case Number Used by Prosecuting Agency:		
		DEFERRED CONVICTION OR PRE-TRIAL DIVERSION (20)
	Investigating Agency(Agencies):	
Case Number(s) Us	sed by Investigating Agency(Agencies):	
		18 USC. 287, FALSE CLAIM (3)
	Act or Omission Code(s):	BILLING FOR MEDICALLY UNNECESSARY SERVICES (310)

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

the DataBan	k		DCN: 595000090960772 Process Date: 12/04/201		
P.O. Box 10832 Chantilly, VA 20153-0832			Page: 2 of 2 FOOTCAREINC. For authorized use by:		
http://www.npdb.hrsa.gov			LICENSING BOARD		
Narrative	e Description of Act(s) or Omission(s): Date of Judgment/Sentence:		MEDICALLY UNNECESARRY	SERVICES.	
	Judgment	/Sentence			
	Restitution Amount: Other Sentence/Judgment Amount: Suspended Sentence: Probation: Community Service: Other:	\$ 500.00 Years: Years: 2	Months: Months:	Days: Days:	
[X Subject identified in Section B ha Date of Appeal: 06/01/2014	s appealed the reported	adverse action.		
D. SUBJECT STATEMENT	If the subject identified in Section B o	f this report has submitte	ed a statement, it appears in th	is section.	
E. REPORT STATUS	 Unless a box below is checked, the subject of this report identified in Section B has not contested this report. This report has been disputed by the subject identified in Section B. At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached. At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision. At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision. At the request of the subject identified in Section B, this report was reviewed by the secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below: 				
	Date of Original Submission: Date of Most Recent Change:	12/04/2014 12/04/2014			

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

— END OF REPORT —